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Ethnography and evaluation: temporalities of complex systems and methodological complexity.

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Abstract

In public health there is increased focus on evaluating ‘complex’ interventions for health improvement, examining how their multiple components interact dynamically with the contextual system in which they are delivered. Amid this complexity framing are calls for methodologies that can facilitate contextual understanding as part of the evaluation process, including ethnography. However, while ethnography’s attention to ‘context’ has been recognised as valuable for evaluation, few questions have been raised about the possible tensions of aligning what are quite different expectations for knowledge making in evaluation and in ethnography. This paper introduces a special section illustrating empirical examples of conducting ethnography for and with evaluation of ‘complex’ health interventions. Central to these experiences, this paper argues, are the concepts of time and temporality through which experience, change and knowledge making are invariably structured. It considers the different expectations for time and temporality in ethnographic and evaluation research, and how the ‘long conversation’ of ethnography aids interpretation of an intervention’s interaction with the pasts, presents and possible futures of people’s health experiences. Furthermore, in understanding time not as linear and constant but experienced through a series of encounters, ethnography highlights the spaces in between action and change, vital for understanding the complex dynamics of a health intervention in context. Through temporality, this paper and the related empirical papers present an intricate exploration of the challenges and productive opportunities posed by the use of ethnography for and with evaluation.

Keywords

ethnography, evaluation, public health, time, temporality, complexity, intervention, health

‘Complexity’, evaluation and a role for ethnography

In an arguable deviation from its anthropological roots, ethnography – as a method, a methodology, a way of knowing – has taken on an increasing presence in applied research fields, perhaps most visibly in health and medical research. Within this (broad) set of fields, there is burgeoning interest in ethnography for, and as part of, evaluation research. Stemming from the evidence-based medicine and policy movements, with emphasis on assessing ‘what works’ (Sanderson 2000, Pope 2003, Greenhalgh, Howick et al. 2014), evaluations of the impact of interventions and programmes, are considered valuable forms of evidence for decision making to improve population health (Hawe 2015). The role that ethnographic knowledge can play in elucidating how interventions unfold and bring about change is important to consider, for understanding the possible opportunities and tensions of attempts to align the distinct agendas and values of ethnography and evaluation.

This focus on ethnography accompanies rising attention on ‘complexity’ within evaluation research, both in terms of the interventions being evaluated and the contexts in which they are delivered (Mowles 2014, Hawe 2015). The discourse around ‘complexity’ frames complex interventions as comprising several components, affecting change through multiple, complicated pathways, and through mechanisms that interact dynamically with the contextual system in which they are embedded (Blamey and Mackenzie 2007). No longer is it considered useful to say simply *whether* an intervention works to improve health outcomes. Instead, evaluators must seek to understand how, for whom and under what circumstances changes to health occur through an intervention (Bonell, Fletcher et al. 2012). ‘Opening up the black box’ of how interventions unfold (Stame 2004) has become the predominant rationale of the complexity approach to evaluating health interventions, and it is here that ethnography is now being positioned and advocated in evaluation research (Cohn, Clinch et al. 2013).

Traditional experimental approaches common in health and medical research, such as the randomised controlled trial, have been identified as limited for producing knowledge on how (complex) health interventions bring about change (or not) to health outcomes (Cartwright 2011). This has led to the inclusion of a range of methods in evaluations of complex interventions (Riley, Hawe et al. 2005). Ethnography, characterised as attending to ‘context’ and being emergent in nature, has been identified as valuable for engaging with the dynamics of complex interventions and their interactions with the systems of relationships and structures in which they are delivered (Cohn, Clinch et al. 2013, Reynolds 2017). Yet, critical questions remain around what implications such a positioning of ethnography might have: first, for understanding how interventions in complex systems bring about changes to health; second, for framing ethnography as a way of knowing the

world; and third, for the realities of doing, writing and positioning ethnography as a research endeavour. If ethnography can be characterised by its epistemological and methodological tenet of taking the self as '*the instrument of knowing*' (Ortner 1995: 173), there appear obvious tensions between ethnographic practice and the aims of evaluation research. The embedded engagement of ethnographic research (Lewis and Russell 2011), to generate specific and detailed accounts of a context or phenomenon, contrasts with the goals of evaluation research, to generate knowledge of an intervention's effect in one context to inform decision making in other contexts or at the population level.

Taking the notion of temporality helps to highlight further some of intersections and tensions among the expectations for ethnographic and evaluation research. The 'authority' of ethnographic knowledge is often assumed (in anthropology at least) to rest in part in the length and/ or depth of engagement established through prolonged fieldwork (Clifford 1983), to be captured and represented through the ethnographic text. Evaluation research necessarily also embodies a sense of temporality such that if (complex) interventions are taken as '*networks of person-time-place interaction*' (Hawe 2015: 310), knowledge of how an intervention brings about change must incorporate understanding of the temporal dimensions of that change process. However, the demands for the outputs of evaluation research reflect a very different timeframe for the expectations of the ethnographic research process. For evaluation research to be 'useful' as evidence, both of what has happened and what should be done in future, it must be produced to be available within the cycle of relevant practice or policy decision making (Thomas, Newman et al. 2013). The outputs of ethnographic endeavour – traditionally the monograph – are typically produced over a longer period of time, whereby detail and depth of representation in text form become markers of its value and use as knowledge.

In this special section we bring together empirical accounts of using ethnography within and / or for evaluation research for improving health, to highlight, explore and bring to account the range of tensions and possibilities for aligning ethnographic practice and knowledge with the goals of doing evaluation. We take the notion of temporality to be an organising focus and connecting thread for the papers in this section. Through this lens, the authors examine how temporal expectations, practices and experiences shape the reality of doing ethnographic research for, or alongside evaluation, and the positioning and value of ethnographic knowledge for informing health decision making.

The origins of the special section

This section comprises papers presented at the Association of Social Anthropologists of the UK and Commonwealth annual conference in 2016 at Durham University, UK, for a panel entitled *'Ethnography and evaluation: temporalities of complex systems and methodological complexity'*. Through the panel, we aimed to consider how researchers employing ethnographic approaches might capture, analyse and write about the complexity of different tempos and flows of change when seeking to use ethnography in or for evaluation research. Though unintended at the original conception of the panel, all the papers proposed for and presented in the panel engaged with health-related interventions or programmes. On reflection, we realised this was likely an artefact both of our own research networks through which we promoted the call for abstracts, and (perhaps more interestingly) of the increasing currency of the discourse of 'complexity' in health evaluation research (Mowles 2014). It appeared an apposite time to engage in critical discussion about aligning ethnography and evaluation in health research. Our interest in temporality proved a productive lens through which to explore these debates, in terms of both the epistemological and pragmatic dimensions of doing ethnography for or with evaluation.

In this introductory paper, we first consider the assumptions and expectations for both evaluation and ethnography, and highlight the possibilities and tensions of aligning them for research on how to improve health. Second, we explore the concepts of time and temporality, examining some of their theorisations from an anthropological perspective and in relation to the ethnographic endeavour. Third, we summarise the intersections of ethnography and evaluation via temporality, and introduce the three empirical papers in this special section, highlighting their contributions to these critical reflections on the role of ethnography in evaluation of complex interventions, and for informing health decision making. As such, we believe this collection addresses a topic of interest from an anthropological perspective, both in terms of the way approaches to improving health are framed and evaluated through the lens of 'complexity', and the way in which the 'signature' methodology of anthropology is increasingly employed for this purpose.

Aligning evaluation and ethnography

The framing of 'complexity' in contemporary health evaluation research draws on a range of theoretical perspectives, particularly theories of complex adaptive systems from biological science and computing disciplines (Hummelbrunner 2011). While definitions vary across fields of evaluation research (Hummelbrunner 2011, Mowles 2014), complexity perspectives are typically used to interpret how interventions with multiple mechanisms of effect interact dynamically with the context, or system of structures and relationships in which they are delivered (Finegood, Johnston et

al. 2012). While the 'system' is usually understood as open and emergent (Cohn, Clinch et al. 2013), boundaries may be articulated for the purposes of defining the scope of evaluation, and for mapping out the anticipated range of structures and actors (social, economic, political, environmental) that might interact with the intervention, and explored through the evaluation research. Within this literature then, the term 'intervention' may be taken more broadly than a clearly defined act or project that has an obvious start and end such as the administration of a drug to a person – a 'simple' intervention. Instead, we use the term 'intervention' in this introduction and special section to include a range of (complex) sets of actions that are intended to bring about change (to health), and which could include programmes or services (as described in the empirical papers in this section).

In many ways this framing of interventions unfolding within dynamic systems chimes closely with a traditional anthropological approach to researching and understanding a social 'system' or network, through ethnographic research in a defined, often predetermined, 'field'. Indeed, it may come as something of a surprise to anthropologically-oriented readers that a health intervention might be considered as anything other than a set of processes delivered in a complex system of relationships, and that the focus on 'context' is something relatively new to health evaluation research. Yet, the relative novelty within this field of actively exploring the contextual system of an intervention can be better appreciated when set against prevailing biomedical knowledge paradigms, exemplified by the 'gold standard' randomised controlled trial (Cartwright 2011) in which 'context' is explicitly something to be controlled and 'cancelled out' (Hawe, Shiell et al. 2004).

It is here where evaluation's interest in ethnography appears to be situated. Cohn et al's (2013) overview of ethnography for a health services research readership highlights the complementarity of the approach for evaluations of interventions underpinned by complexity theories. They highlight the capacity of the ethnographic perspective to be both particularist – generating detailed understandings of situated relationships and processes – and holistic – interpreting these micro dynamics as shaping, and shaped by, a broader contextual system. This perspective echoes previous uses of ethnography in and for evaluation in other domains, for example evaluations of social, education and development programmes in the 1980s. For example, Fetterman (1982) and LeCompte and Goetz (1982) describe ethnography coming to the fore when quantitative approaches fail to account for why an intervention did or did not prove successful, with ethnography's 'holistic' perspective and attention to 'context' considered strengths for capturing the process through which an intervention unfolds. More contemporary applications of ethnography for health research have echoed this interpretation (see for example Aronson, Wallis et al. 2007, Morgan-Trimmer and Wood 2016). As such, ethnography has been framed as enabling the unpacking of the 'black box' of a

contextually-delivered complex intervention, and its resultant knowledge as helping to ‘fill the gaps’ left by quantitative evaluation methods, thus helping to produce a complete picture of what happens.

Yet, this ‘holistic’ perspective has been questioned, in terms of what ethnography can – and should – offer to evaluation research (Reynolds 2017). Other applications of ethnography within and for evaluation across different fields have highlighted its value for exploring varied experiences of an intervention or programme, and the multiple sets of values embedded within these experiences that shape whether or not it might be considered ‘successful’ by different stakeholders (Dorr-Bremme 1985, Schensul, LeCompte et al. 1999, Bunce, Gold et al. 2014). These perspectives foreground an assumption that there is no ‘complete script’ for the delivery of an intervention (Dorr-Bremme 1985). Instead, through the ethnographer’s *‘fluid and ambiguous’* positioning in the field (Mesman 2007: 290), they can embrace and explore effectively the varied perspectives, experiences and accounts of an intervention’s delivery and impacts (Reynolds 2017). Furthermore, as Harklau and Norwood argue (2005), the reflexivity of an ethnographic approach can to bring to light the socio-political and power relations embedded within the practice of evaluating an intervention and of generating ‘evidence’ of its impact on health (or other outcomes), thus disturbing assumptions of evaluation as an objective, ‘disinterested’ science.

This challenge to the idea that there is a single (albeit complex) narrative of how an intervention brings about change to health that ethnography can contribute to, reflects broader debates within (and beyond) anthropology about the nature of ethnographic practice and the authority of the knowledge that can be generated through it. These debates can be seen, for example, in the ‘crisis of representation’ which questioned the positioning of the ethnographer and the claims that can be made by and through ethnographic writing (Clifford 1986, Rabinow 1986). They are reflected also in critiques of the assumptions of the relationship between the particularist ethnographic focus and the tendency towards the holistic, through comparative and abstracted anthropological interpretation (Amit 2000, Strathern 2004, Engelke 2009). Furthermore, they relate to recent critiques of what counts as the ethnographic ‘field’ and how and where ethnographic knowledge can be produced in an increasingly globalised, mobile world (Gupta and Ferguson 1997, Hannerz 2003, Candea 2007). While there have been recent criticisms of the misappropriation and misapplication of the term ‘ethnographic’ (Ingold 2014), for example in applied fields such as health research, it remains accepted that ethnography cannot be considered any one stable thing, but takes on multiple forms, roles and applications, and therefore multiple modes of producing knowledge (Garnett, Reynolds et al. 2018). It is this more nuanced, critical and reflexive interpretation of what ethnography is, how it might be done and what it might offer that, we argue, should be brought into

dialogue with health evaluation research. This will raise important questions around the expectations underpinning each endeavour, and what it is to produce meaningful, 'valid' and useful knowledge for identifying ways to intervene on and improve health. A focus on temporality and time, we suggest, facilitates this critical reflection through attention to both the pragmatics of doing research and the expectations for how and when 'evidence' is produced.

Applications of ethnography in health evaluation research

To further set the scene for the exploring the possibilities and challenges of ethnography for evaluation research, through a focus on temporality, it is useful to summarise some of the applications of ethnography in health evaluation research. This varied literature can be roughly divided into two groups (although with overlaps between them): i) ethnography as part of, or contributing to evaluation research, and ii) ethnography of the processes of evaluation research. This special section focuses on the first group, presenting empirical examples of ethnographic research contributing to the understanding of how an intervention (or programme or service) brings about change to health. This builds on a small but increasing body of work in which ethnography is typically situated within 'process evaluation' methodologies, to understand the delivery of the intervention, how the mechanisms of change occur and the influence of the context on the intervention and its outcomes (Oakley, Strange et al. 2006, Bunce, Gold et al. 2014, Morgan-Trimmer and Wood 2016). For example, Bunce, Gold and colleagues used ethnographic methods to understand the delivery of an electronic health records-based intervention designed to improve appropriate prescription of medication for patients with diabetes, as part of a study trialling the adaption of the intervention to delivery in community health centres (2014). They describe the value of an ethnographic approach for assessing the 'fidelity' of the implementation of the intervention, by exploring the contextual factors and '*seemingly mundane details*' that shaped what was happening and why (2014: 2).

While not the focus of this special section, ethnography has also been employed alongside evaluation research to illuminate the 'hidden' processes and practices through which knowledge and 'evidence' about an intervention's impact (or otherwise) are produced (Chenhall 2008, Will and Moreira 2010, Smith-Morris, Lopez et al. 2014). For example, Chenhall (2008) describes ethnographic research alongside evaluation of residential rehabilitation and treatment services for alcohol and drug addiction among indigenous populations in Australia. He highlights the value of ethnography for challenging core assumptions and categories embedded in the evaluation research, examining, for example, the different meanings that 'intervention' or 'treatment' and 'outcome' may

take on as an intervention is delivered in context, and which may not be captured in traditional evaluation research designs (Chenhall 2008).

There is need to build further on both of these emergent bodies of literature, and to consider more critically the tensions inherent in the aims, processes and practices of aligning ethnography with evaluation. In particular, it is important to draw across examples to examine what might be illuminated – and concealed – by using ethnographic approaches with or for evaluation research, in terms of generating knowledge on how to intervene to improve health. Through this special section of *Anthropology & Medicine*, we bring together critical perspectives on ethnography and evaluation of ‘complex’ health interventions through examination of the way time and temporality produce, highlight and enable reflection on the tensions of aligning ethnography with evaluation.

Time, temporality and ethnography

Ahead of our contributors’ articles we should take a moment to reflect on time and temporality as they are (and have been, and will continue to be) ethnographically and – in particular – anthropologically experienced, conceptualised, applied, written, represented, and more. We begin this section of the Introduction with a brief consideration of ethnography’s relationship with the concept of time. The literature on this is vast (anthropologists have been debating time since we first went to the field), and so we limit our own discussion to contributions that shed useful light on our argument for a perspective on evaluation that is sensitive to time and temporality. We follow with an exploration of temporality and associated concepts, to gain a better understanding of temporality’s relationship to the everyday lives and ‘complex systems’ that an intervention is supposed to impact upon. Finally, we accept the interrupted and partial nature of ethnography but suggest that, when viewed through a temporal lens, our experience of seemingly discrete events may offer us a particular perspective on the whole.

Time

Time and the ethnographer are perhaps most closely related through the idea of fieldwork, which conjures up the notion of a sustained period spent immersed in a study setting. But the contexts in which we work, and our orientation to those settings, have changed (Marcus 2006). Ethnographers work in multi-sited (Hannerz, 2003), messy (Law, 2004), complex (Morgan-Trimmer and Wood, 2016) and explicitly fragmented (Candea, 2007) settings, and our approaches have changed accordingly. In some places, ‘deep’ has become ‘serial’ – short-term (2-4 days) participant observation with multiple, independent informants (Sandhu et al 2007). Ethnography has become

‘focused’, where the researcher enters a defined field with research questions clearly framed, shortening the time needed (Kitchen et al 2017). Or it has become ‘rapid’ – using high-intensity fieldwork that is able still to ‘capture the complexities’ of, for example, health service provision (Vindrola-Padros & Vindrola-Padros 2018) – and many more methodological adaptations beside. Drawing on Pink and Morgan’s work, Vindrola-Padros and Vindrola-Padros (2018) suggest that this *‘adaptation of research methods, a different delineation of ‘the field’ and an increase in the intensity of fieldwork [can] still produce valuable and reliable ways of knowing’* (ibid: 322). We need to remember, as Jeffrey and Troman (2004) point out, citing Wolcott, that – from an anthropological perspective at least – the ‘ideal fieldwork term of two years’ may simply be related to the *‘success of Malinowski’s inadvertently long fieldwork among the Trobrianders’*, and that a year was thought to necessary for anthropologists studying rural cultures to witness an annual growing cycle (Jeffrey and Troman 2004: 536). It would seem, then, that the ideal time to be spent immersed in the field is based in opportunity, accident or temporal span most suited to the specific setting or subject of research interest (see Amit 2000: 2). This is exactly what we do when we bring ethnography to bear on evaluation, as the contributors to this special section illustrate.

Lewis and Russell have suggested that the capacity to conduct ethnography lies not in time spent, but in one’s attitude toward *‘being there’* (Lewis and Russell 2011: 400). Yet those who have experience of fieldwork will also know that there is a fiction that hides within the concept of ‘being there’; that is, that the time *attending* to the context is continuous. Fieldwork has always included *‘spaces between action’* (Palmer et. al., 2017: 2). We wait on ‘events’ that meaningfully punctuate the day-to-day, on informants to give of their time, or for serendipity to arrive (Lewis et. al., 2018). This is a ‘waiting field’ (Mannay and Morgan, 2015), and there is value in this interstitial time; it is when new research knowledge is given space to emerge (Palmer et. al., 2017). The ethnographer might increasingly be expected to *‘minimise waiting and optimise the “efficiency” of their time in the field’* (Palmer et. al., 2017: 3) and thus begin to question the validity of their work as ethnography but, as Mannay and Morgan (2015) have further highlighted, there is another dimension to this waiting. It lies in the *‘spaces previous to’* (ibid: 172), which, if reflected upon, may offer insight into ‘the times before the techniques of data collection were applied’ and, therefore, to some of the ethnographic richness we seek. The authors offer examples, such as a glimpse into a participant’s private world when arriving, unexpected, for an interview appointment that has been forgotten (Mannay and Morgan, 2015: 174). The ethnographer’s experience is replete with such opportunities. This is not new but as ‘traditional’ as immersion fieldwork itself. What the ethnographer studies is what Malinowski suggested was the *‘long conversation taking place among the people with whom we live during fieldwork and in which we inevitably join’* (Bloch, 1977: 278,

emphasis added), conversations that begin long before we arrive in the field – and which will continue long after we leave.

At some point – after leaving, or during one of those interstices of fieldwork – ethnographers are likely to find themselves translating their ethnography as *'doing'* (Ingold, 2014: 385) into ethnography as text and representation. Here, time and ethnography meet again in an awkward tension that continues to generate significant debate. This has been caused, in part, by our solution for representing the flux and flow of everyday life as shared in the field; that is, our use of the *'ethnographic present'*, or practice of writing one's observations (now past) in the present tense. Hastrup sees this as *'a literary device [and] logical corollary of the peculiar nature of the anthropological practice'* (Hastrup, 1990: 45), a practice which is *'outside history'* (ibid: 50). For Fabian, however, the resulting text is a *'denial of coevalness'* (Fabian, 2014 (1983): 180) that places our research participants (rather than the practice of ethnography) outside of history and as a consequence, serves to create their *'Otherness'*. More recently, Bertelsen has suggested that we consider the ethnographic text as *'but a freeze-frame'*; fixed in time, yes, but open to multiple presences of past, present and future (Bertelsen, 2018: 64, after Ricoeur). As an alternative, we liken it to the accountant's balance sheet: a snap-shot of a moment in an ongoing venture; a present that is already past, but which is also assumed to give on to its future. These later explanations sit more comfortably with our suggestion for a temporal perspective: as we suggested above, if an evaluation is to provide *'useful'* evidence, outputs from the study need to have an eye to past, present and future.

Temporality

Gemma Hughes (this issue) sheds intimate light on the ethnographer's participation in the long conversation when she describes an ethnographic study as part of an evaluation of an integrated health and social care service. Relating the stories people told her of their pasts, presents and potential futures, she provides us with an opportunity to shift our focus to anthropology's interest in *temporality*. Fieldwork, she reminds us, is

[...] only a partial connection with [our participants'] lived experience during this time [of fieldwork], which in turn is only a small proportion of their lives. Whilst a phenomenological analysis allows me to connect with moments of lived experience at particular points in time, such as the moment when Doris can't bend to wash her feet, a narrative approach allows these fragments of time to be brought together, and to stretch the field temporally, into the past (as Doris reminisces and shows me old

photographs), and into the future (when we try to imagine how they will cope without their familiar carer).

We will return to the partiality of connection later in this discussion. Here, we focus on how the temporal concepts invoked in the extract might help us better to understand the relationship between ethnography and evaluation. First, we consider temporality and its relationship to narrativity and the *long conversation*, before moving on to its relationship with sociality. In doing so, our aim is to suggest a generative relationship between all three: temporality, narrativity and sociality.

In his article on narrative time, Ricoeur (1980) explores the close association between temporality and narrativity. Important for our purpose is that, in doing so, he draws two conclusions that differ significantly from earlier conceptualisations: first, that in telling stories about ourselves to ourselves, our '*primary direction of care [or concern] is toward the future*' (ibid: 181), rather than to past or present (as previously theorised); second – but linked to and apparent in the first – that temporality is as relevant at the level of the social as it is at the individual level. '*Narrative time is,*' he writes, '*[...] time of being-with-others*' (Ricoeur, 1980: 188) and is, we therefore suggest, intimately related to the *long conversation*.

In complement, Hodges (2008) has more recently argued for renewed anthropological attention on the relationship between temporality and sociality. Our particular interest in this argument lies in the connection he draws between Bergson's concept of *la durée* and the sociality it is shown to encompass and enable (Hodges, 2008: 409, 414). Defined as '*consisting of concrete, qualitative multiplicities, which divide continuously*' to enable sociocultural invention, *la durée* is presented as a non-chronological concept (Hodges, 2008: 410) and the source of the 'events' that the ethnographer observes and participates in; events which emerge to be actualised but are then woven back into the temporal whole to reveal the '*inherently relational [...] nature of sociality and lived experience*' (ibid: 414). We suggest that this weaving back is achieved through narrative, by way of the *long conversation* that the community has with itself.

How is this relevant to the relationship between ethnography and evaluation? We suggest that ethnographic fieldwork conducted for evaluation purposes needs to prioritise the temporal over the spatial (see also Dalsgaard & Neilsen, 2013). As Hughes makes clear, a discrete, fragmented, non-relational 'event' (Doris trying to wash her feet, for example), analysed phenomenologically, is unlikely to shed meaningful light on the impact of an intervention in a complex system such as a community health service. Similarly, standard methods of evaluation (such as randomised controlled trials) '*that attempt to reduce complex phenomena to a finite number of discrete outcome*

variables, are unsuited to fully capturing systems complexity' (Orton, Ponsford et.al., this volume). In contrast, understanding how an intervention *as* an event in a complex system (Hawe, Shiell & Riley, 2009: 271) impacts on the flux and flow of the *long conversation* that is ongoing *will* be of significance, as Doris' reminiscences and fears reveal. Her perspective – and likely interest in any intervention aimed at helping her cope with life circumstances – is one of temporality and, despite age and infirmity, her care is toward the future.

Interruption and partiality: what considering temporality can offer to evaluation of complex health interventions

As the contributions to this special section will go on to demonstrate, ethnographers engaged in evaluation – especially the evaluation of complex interventions – find themselves moving constantly across time and space: between participants' homes and organisational settings, at different points in the intervention or evaluation cycle, speaking to differently positioned participants. Issues of interruption, partiality and representation, already the source of considerable methodological debate, can only be exacerbated by the demands of applying ethnography in the context of evaluation which, as discussed above, presents us with challenges around differing timeframes for and expectations from the process and products of ethnography and evaluation. We have already explored fieldwork as a 'waiting field', or a field of pragmatic engagement (focused, rapid). It should come as no surprise, then, that our encounters can be characterised as opposite in every way to the immersive and still often single-sited experiences of an ethnographer working alone. Ethnographic fieldwork for complex intervention evaluation is also likely to be conducted as a series of discrete events (interviews, observations, and the like) of varying length and intensity, interspersed with time away from the field, resulting in an interrupted conversation. However, as Vougioukalou et.al. (this volume) suggest, those discrete research encounters should not be considered the '*end-points of data collection but rather the start points on an ongoing and sustained dialogue*' with our participants and the contexts in which they are embedded.

Indeed, whilst not using the concept directly, Vougioukalou et. al.'s contribution to this issue serves to draw further attention to the need to attend to *la durée* and, thus, to the narrated sociality that helps to situate and make sense of a diversity of responses. This adds weight to the argument for a temporal rather than spatial orientation. We need to "stretch" the field that is available to us, in order to explore the pasts, presents and futures that comprise the system of which the intervention is now part. That said, we are not suggesting that the process is without its ongoing challenges, as Orton and Ponsford (this volume) describe:

Even though our approach enabled us to uncover subtle non-linear processes of change unfolding and shifting over a period of time, there were limits on how far we could track these system dynamics. We were only able to produce situated accounts for understanding unpredictable dynamics and longer term trajectories that depend on national and global as well as local processes. Our research necessarily can only provide a (perhaps more extended than usual) snapshot of ongoing dynamic processes unfolding over the longer term.

All of which brings us back to the issue of partiality. How do we make sense of this complex of snapshots and events situated in a flow of dynamic processes? Returning briefly to Hodges' text, he makes clear that the events that emerge from *la durée*, whilst repeated, are never '*the same*' (Hodges, 2008: 413). They are subject to novelty, invention, change. What happens, then, when we insert ourselves, as researchers, into this picture? Our interviews and their follow-ups, our attendances at monthly meetings over time, and the fieldnotes that result – are repeated events that we help to actualise by temporarily joining in the *long conversation* (for that is what Malinowski suggested is what we do as ethnographers). They are, from one perspective, discrete events. They are in some ways the same, but are never the same, and thus they bring us into a very particular kind of relationship with the whole. Strathern (2004:

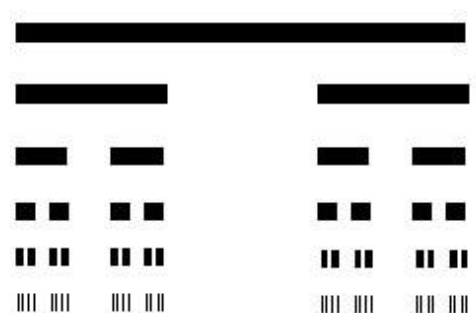


Figure 1: Cantor's Dust

3) offers us an illustration of this in her reference to the theory of Cantor's Dust (see Figure 1). A radio or data transmission might appear to be continuous, but is actually interrupted. And each remaining burst of activity is itself interrupted. And so on. Each burst – or event – stands in fractal relationship to the whole. As, we suggest, do our encounters with the field. Comparative differences between visits help to reveal shifts (novelties) in the background dynamic – *la durée* – allowing us to come to an understanding of the temporally situated conversation going on. Better than discrete events but, as Orton and Ponsford remind us, still partial.

Ethnography for evaluation – a summary

As discussed above, anthropological considerations of time and temporality have helped to shape the expectations for the ethnographic process, which can be usefully brought into dialogue with the expectations of ethnography for evaluation. Recent accounts of the use of ethnography for evaluation have rested on assumptions of its holistic perspective, enabling a ‘fuller’ depiction of how an intervention unfolds in context and therefore how changes to health occur. This perspective necessarily relates to the framing of ethnography as an extended, sustained encounter, whereby time taken to do ethnographic research is assumed to be linear and constant, and in turn, contributes directly to the validity of the knowledge produced. However, taking a more nuanced understanding of the temporal dimensions of ethnography, and broader experiences and expectations of time, offers additional opportunities for ethnography in evaluation. These perspectives can draw particular attention to the gaps and the in-between spaces of the ethnographic encounter, and therefore, in turn, to the gaps and in-between spaces of how an intervention unfolds and brings about change (or otherwise). This opens up possibilities for understanding change to health from an intervention not as a linear process, but something much more intermittent, multidirectional, and fluid, responsive to the unpredictable encounters and engagements between people, place and action within the ‘system’. To grapple thoroughly with complexity, the absences and inactions must be considered as well as the interactions that an intervention prompts.

Furthermore, through sensitivity to the ethnographic ‘long conversation’, steps can be taken within evaluation research to consider more actively the past(s) and future(s) of an intervention-in-context. This, surely, will contribute well to the broader goals of health evaluation: to generate understanding of ‘what works’ to be transferred as ‘evidence’ to inform decisions about taking future actions to improve health. Of course, there remain tensions in aligning the expectations for doing and representing ethnographic research with the demands for evidence from evaluations of complex interventions for health. However, we argue that the consideration of temporality within the ethnographic encounter helps to highlight productive opportunities for ethnography to contribute to the understanding of ‘complexity’ and to producing knowledge of how changes to health occur through an intervention.

Summary of papers in this section:

Illustrating the discussions above, the three papers in this special section describe the temporal dimensions of conducting ethnographic approaches within and/or for evaluations of interventions (or services or programmes) to improve health or reducing health inequalities. The papers find a common thread in their engagement with ideas of time, from methodological and experiential perspectives, and how the temporality of ‘knowing’ ethnographically sits with the production of knowledge on how an intervention influences health. The questions raised and explored by the papers in this issue include:

- What opportunities and challenges are raised by ethnographic methods for evaluation, particularly in relation to anthropological expectations for longevity and embeddedness in the ‘field’?
- What does it mean to try to distil this time and space of knowing into moments of knowledge that meet the expectations for evaluative assessments of interventions for health improvement?
- What does the capacity of ethnographic approaches to ‘stretch’ time (and space) – to move between past, present and future, and between the specific and contextual – offer to evaluative considerations of transferability of ‘evidence’ of an intervention’s effect on health?
- Can ethnography ‘fill the gaps’ of other methods used in evaluation, or does it in turn produce new gaps in the process of knowing?

In the first paper in this special section, Gemma Hughes describes ethnographic research within and across the multiple sites in which the delivery of a system of integrated health and social care is enacted in one urban context in England. She highlights the temporal dimensions of conducting this ethnography, and the tensions of scale and size they reveal for attempting to bring this ethnographic knowledge into dialogue with evaluation. Hughes’ detailed account of the everyday struggles of patients and their carers draws attention to the broader sense of temporality of managing long-term, chronic conditions within these care structures. Hughes’ illustrates clearly how the ethnographic encounter is situated within this temporality, whereby ‘moments’ observed through ethnography can bring into relief both the past(s) from which they have arisen and the possible future(s) for the bodies, relationships and ways of being in the world. In addition to understanding how a specific intervention such as integrated health and social care unfolds and impacts on individual patients and their families, Hughes’ example demonstrates effectively the wider sense of time, change and experience – of health, of

services, and of relationships to them – that this ethnographic fieldwork reveals. She calls for critical consideration of how the different scales of knowledge and experience that ethnographic research produce can be brought into useful dialogue with the expectations for generating evaluative evidence of an intervention's impact on specific outcomes.

The second paper in this section, by Sofia Vougioukalou and colleagues, presents a 'focused' approach to ethnographic research as a process evaluation of a co-produced intervention for quality improvement in clinical settings. They describe the temporal and organisational dimensions of the specific contexts in which the research was undertaken as limiting the traditional expectations for ethnography as sustained and embedded in its field. Yet, they highlight the possibilities for new forms of knowledge about the flow and flux of the unfolding intervention arising from this modified form of ethnographic practice. The ethnographic process itself, they argue, facilitates a particular kind of reflection and knowledge-making about experiences of the quality improvement intervention among the staff and patients 'under study'. The authors present participants' accounts of how being ethnographically observed contributed to their sense-making of the intervention and of the perspectives of the different stakeholders involved in its design and delivery. Thus, knowledge produced through the ethnographic activities becomes enfolded with the knowledge making of those people engaged with, and shaping the progress of the intervention as it happens, something which may well have been different in a longer ethnographic approach where the ethnographer becomes part of the 'scenery'. Vougioukalou and colleagues also reflect on the implications of their attempts to limit the 'gaps' in their (focused) ethnographic perspective and 'maximise' time in the field. In doing so, they highlight valuable insights that arose from these efforts such as the temporal dynamics of staff members' engagements with the intervention – the how, why and crucially, *when* actions and effects occurred (and did not occur). This gave broader insight into the organisational system within which the intervention was situated, and through which its mechanisms of change and outcomes for clinical quality improvement were necessarily mediated.

Finally, the third paper in this section, by Lois Orton, Ruth Ponsford and colleagues, discusses ethnographic practice dispersed across multiple settings and teams of researchers, for the evaluation of a community empowerment intervention's impact on health inequalities. They highlight the value offered by ethnography of a prolonged engagement with(in) the contextual setting of an intervention's delivery for understanding how events take shape and take on meaning in the progressing intervention. With reference to a (complex) systems framing of evaluation, they argue that an ethnographic approach is appropriate for embracing and

representing the 'messy' reality of dynamic, evolving interactions between people, places and things. Rather than simplifying 'what happens', Orton, Ponsford and colleagues argue that ethnography is well placed to shed light on the emergence of complexity, something that other evaluation methods fail to capture.

The authors also draw attention to the evolving nature of the ethnographic process itself, particularly evident in their study involving multiple teams researching the roll out of the community empowerment intervention across multiple, relatively 'bounded' sites. The varying experiences of becoming embedded within and making sense of the mechanisms of the intervention in each unique context were regularly shared between members of the study team. This, they argue, gave rise to site-specific and collective knowledges about the 'ebb and flow' of both the processes of engaging ethnographically with the communities studied and the dynamics of the intervention's mechanisms. Orton, Ponsford and colleagues assert that the emergent nature of making sense of one another's evolving ethnographic experiences across sites and over time gave rise to more nuanced understandings of the emergent and unpredictable nature of the intervention's mechanisms of effect; the way processes of 'collective control' shaped and were shaped by the systems in which they were situated.

These three empirical examples illustrate effectively how ethnography approaches can be applied in different ways to explore, challenge and inform complex interventions for health, as part of the agenda of evaluation research. Moreover, through careful consideration of the dynamics of time and temporality embedded within ethnographic practice and the aims of evaluation, they highlight important questions for reflecting on the role of ethnography more broadly for and as part of knowledge making to improve health.

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